

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/936660	FILING DATE					
						APPLICANT(S)						
						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/		/				51					
2	/		/				52					
3	/	(7)	/				53					
4	/		/				54					
5	/		/				55					
6	/	(1)	/				56					
7		(1)	/				57					
8	/		/				58					
9		5	/				59					
10		(1)	/				60					
11		(1)	/				61					
12		(1)	/				62					
13		(1)	/				63					
14		(1)	/				64					
15		(1)	/				65					
16							66					
17							67					
18							68					
19							69					
20							70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	5						TOTAL IND.					
TOTAL DEP.	10						TOTAL DEP.					
TOTAL CLAIMS	15						TOTAL CLAIMS					